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LICENSE NUM	1BER: 028800001		CITY OR TOWN DOU	GLAS
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 405	ESS A	THOLIC SOKOL GYM	NASTIC CLUB	
CITY/TOWN:		STATE: MA	ZIP CODE: 0151	6
		TYPE OF LICENSE: Ch		ORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
SOUTH SIDE OF CELLAR FOR		IN ONE ROOM. FIRST I	FLOOR PART OF SOKOL	HALL WITH
I hereby certify	and swear under pen	alties of perjury that:		
1. the r	enewed license will l	be of the same type for the	e same premises now license	ed;
	-	I with all laws of the Com on for business (If not expl	monwealth relating to taxes ain below)	and
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER:
Acts of 2004, s	igned by the building	ng inspector and the hea	e certificate required by C d of the fire department for arance required by Chapto	or the above
Please Check Below APPROVED:	<u>w:</u>		LOCAL LICENSING A	UTHORITY
DISAPPROVE	D:		By:	
(If disapproved	explain)			
DATE:				
ADDITION FOR	PENEWAL MUST BE EILE	D BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch.	120 ¢ 16A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 028800002		CITY OR TO	WN DOUGLA	79
APPLICATIO	N FOR RENEWAL	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
		CONVENIENCE CENTI			
ADDRESS 63	MAIN ST				
CITY/TOWN:	DOUGLAS	STATE: MA	ZIP CODI	E: 01516	
MANAGER:	WHITEHEAD, RAY B.	TYPE OF LICENSE: F	ackage Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	N OF LICENSED P				
		OOR, TWO ROOMS, NO OF STORE SECTION	CELLAR, WAL	K IN COOLER	AND
2. the	licensee has complied premises are now op	I be of the same type for the ded with all laws of the Corpen for business (If not expendent or Authorized Corpentation of the Same type for the same type f	nmonwealth relat		
	marviduai, i	arther of Authorized Cor	porate Officer		
DATE:	TELE	PHONE NUMBER:		OYER IDENTIFICA $oldsymbol{T}$ Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LIC	CENSING AUTH	HORITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	)28800003		CITY OR TO	WN DOUGLA	S
APPLICATION FOR I	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	LAV MAR,INC.				
DOING BUSINESS A	DIGGER'S LIQUO	ORS			
ADDRESS 295 MAIN	ST				
CITY/TOWN: DOUG	GLAS	STATE: MA	ZIP COD	E: 01516	
MANAGER: LAVA WILLI	LLEE, TYP. AM M.	E OF LICENSE:]	Package Store	CATEGORY:	: All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
CORNER OF NORTH FLOOR;2 ROOMS; FI 2 ROOMS FOR STOR	RONT ROOM FOR				
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for t	he same premises	now licensed;	
2. the licensee	has complied with	all laws of the Co	mmonwealth relat	ing to taxes; and	
3. the premise	s are now open for b	ousiness (If not ex	plain below)		
SIGNED BY					
	Individual, Partner	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:  (Note: <u>NOT</u> Individual Social Security Number)		
			(Note: <u>NU</u>	II Individual Social	Security Number)
Please Check Below:			LOCALLIO	CENSING AUTH	IORITY
APPROVED:			By:	ZENSING NO II	
DISAPPROVED:			•		
(If disapproved explain	)				
DATE.					
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 028800004		CITY OR TOWN	DOUGLAS
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: DOUGLAS P	ACKAGE STORE,INC.		
DOING BUSINES	S A DOUGLAS	VILLAGE PACKAGE S	STORE	
ADDRESS 392 N/	E MAIN ST			
CITY/TOWN: DO	OUGLAS	STATE: MA	ZIP CODE:	01516
	NUKOWSKI, VID J.	TYPE OF LICENSE: P	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
ALL OF FIRST FL	LOOR, ALL OF C	ELLAR, SECOND FLO	OOR	
2. the licer 3. the pren	nsee has complied	oe of the same type for the with all laws of the Corn for business (If not exp	nmonwealth relating to	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP.	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below:	7		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved exp	olain)			
			-	
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800006	Cl	TY OR TOWN DOUGLAS	5	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013	
	CLASS		YEAR	
LICENSEE NAME: POPE KEROLOS,IN	C.			
DOING BUSINESS A				
ADDRESS 303 MAIN ST				
CITY/TOWN: DOUGLAS	STATE: MA	ZIP CODE: 01516		
MANAGER: GHOBRIAL, EMAD TYPE	OF LICENSE: Restau	rant CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
FIRST FLOOR, RESTAURANT, FRONT I	ENTRANCE, SIDE A	ND REAR EXIT		
I hereby certify and swear under penalties of 1. the renewed license will be of the		na promisas now ligansad:		
2. the licensee has complied with al	* *	•		
3. the premises are now open for bu		<u>-</u>		
		,		
SIGNED BY				
Individual, Partner or	r Authorized Corporate	e Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social S	Security Number)	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the head of	the fire department for the	above	
Please Check Below:	I	LOCAL LICENSING AUTH	ORITY	
APPROVED:	]	Ву:		
DISAPPROVED: (If disapproved explain)				
(п аварргочеа схртані)				
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMB	EK: 028800007		CI	IY OR TOWN	DOUGLAS	•	
APPLICATION F	OR RENEWAL:	Annua	ıl	LICENSED FOR 2013			
		CLAS	S			YEAR	
LICENSEE NAM DOING BUSINES	E: BLACKSTON	E VALLEY BEAG	LE CLU	B, INC			
ADDRESS 135 W	ALNUT STREET						
CITY/TOWN: D	OUGLAS	STATE:	MA	ZIP CODE:	01516		
MANAGER: NE	ELSON, HRISTINE T.	TYPE OF LICENS	SE:Club	C	ATEGORY:	All Alcohol	
EMAIL ADDRES	S:						
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	YOUR EMAIL	ADDRESS		_	
SINGLE STRUCT	OF LICENSED PRE FURE, 1 1/2 STOR E OF BLDG KI	IES WITH NO BA				N LEFT	
	nsee has complied mises are now open  Individual, Par		t explain	below)	to taxes; and		
DATE:	TELEPH	ONE NUMBER:				TION NUMBER:	
Acts of 2004, sign	ned, attest that we ned by the building ad (2) the certificat	g inspector and the	e head of	the fire depart	ment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	plain)			LOCAL LICEN By:	SING AUTH	ORITY	
DATE:							



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LICENSE NUMBEI	R: 028800008		CITY OR TO	OWN DOUGLAS	S
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MARLENE BOSN	MA			
DOING BUSINESS	A DOUGLAS FLE	A MARKET PLAC	E		
ADDRESS 436 NO	RTHEAST MAIN S	TREET			
CITY/TOWN: DO	UGLAS	STATE: MA	ZIP COD	E: 01516	
MANAGER:	TY	PE OF LICENSE:T	avern	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
A 42X28 FT AREA ENTRANCE AND I			ENT SNACK BA	AR COUNTER, O	ONE
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	the same type for th	ne same premises	now licensed;	
2. the licens	ee has complied with	h all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the premi	ses are now open for	r business (If not exp	olain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:					
DATE.	TELEPHON	NE NUMBER:		OYER IDENTIFICAT OYER IDENTIFICAT  OYER IDENTIFICAT	
			( · · · · · · <u>- · · · · · · · · · · · · </u>		security (variable)
Acts of 2004, signe	d, attest that we ard d by the building in (2) the certificate o	spector and the he	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					



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LICENSE NUMBER: 0288	300009		C	ITY OR TO	WN	DOUGLA	S
APPLICATION FOR REN	IEWAL:	Annua	1	LI	CENS	ED FOR 2	013
		CLAS	S				YEAR
LICENSEE NAME: WH	ITINSVILLE FI	SH & GAME	CLUB,	INC.			
DOING BUSINESS A PR	IVATE CLUB						
ADDRESS 12 WHITE CO	URT						
CITY/TOWN: DOUGLA	.S	STATE:	MA	ZIP CODI	E:	01516	
MANAGER: HARNEY, WILLIAM		E OF LICENS	E:Club		CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE	ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAII	L ADDRESS			
DESCRIPTION OF LICEN							
ONE STORY STRUCTUR RESTROOMS IN FRONT	the state of the s					the second secon	TWO
I hereby certify and swear u	under penalties o	of perjury that:					
1. the renewed lice	ense will be of th	e same type fo	or the sa	me premises	now l	icensed;	
2. the licensee has	complied with a	ll laws of the	Commo	nwealth relat	ting to	taxes; and	
3. the premises are	e now open for b	usiness (If not	explain	below)			
SIGNED BY							
Indi	vidual, Partner o	r Authorized	Corporat	e Officer			
DATE:	TELEPHONE	NUMBER:					ΓΙΟΝ NUMBER:
				(100te. <u>100</u>	1 Indi	viduai Sociai s	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building insp	ector and the	head of	f the fire de	partn	ent for the	above
Please Check Below:				LOCAL LIC	CENSI	NG AUTH	ORITY
APPROVED:				By:			
DISAPPROVED: (If disapproved explain)							
(ii disappioved explain)							
DATE:							



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02	8800012		CITY OR TO	OWN DOUGLAS	5
APPLICATION FOR RE	ENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: TH	HE PICKET FEN	CE RESTAURAN	IT INC.		
DOING BUSINESS A					
ADDRESS 338 MAIN S	TREET				
CITY/TOWN: DOUGL	AS	STATE: MA	ZIP COI	DE: 01516	
MANAGER: DUBE, D	DIANA TYP	E OF LICENSE: F	Restaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					]
PLEA	SE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMIS	ES:			
19'X34' DINING AREA DISHWASHING ROOM IN BASEMNT AND SE	I, REST ROOMS				RAGE
I hereby certify and swea	r under penalties	of perjury that:			
1. the renewed li	icense will be of t	he same type for the	ne same premise	es now licensed;	
2. the licensee h	as complied with	all laws of the Cor	nmonwealth rela	ating to taxes; and	
3. the premises a	are now open for l	business (If not ex	plain below)		
SIGNED BY In	dividual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	E NUMBER:	EMP	LOYER IDENTIFICAT	TION NUMBER:
			(Note: <u>N</u>	OT Individual Social S	Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	pector and the he	ad of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
DATE.					
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)